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SERIAL NUMBER 10/657,296	FILING OR 371(c) DATE 09/08/2003 RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. NNI-0002
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/452,477 03/07/2003

**** FOREIGN APPLICATIONS ********M***IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ****
**** 11/29/2003**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature <i>[Initials]</i> Initials
STATE OR COUNTRY	PA
SHEETS DRAWING	25
TOTAL CLAIMS	67
INDEPENDENT CLAIMS	2

ADDRESS

23377

TITLE

Reducing discomfort caused by electrical stimulation

FILING FEE RECEIVED 863	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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